

**CONFIDENTIAL PATIENT INFORMATION**

See: Cal W &amp; I Code, Section 5328

STRTP Group Home  
405 W. Fifth Street, Santa Ana, CA 92701

Name: Luz, Adriana

DOB: 12/23/2016

MRN#: 1000-56-xxxx

## ASSESSMENT SUMMARY (STRTP)

☒ **MediCal/EPSDT**    ☒ **STRTP**
☐ For further information refer to Assessment Report dated \_\_\_\_\_

☒ Guide to Medi-Cal Mental Health Services, MHP Provider Directory and Grievance/Appeal procedures provided and reviewed with:

☐ client    ☒ legal guardian: Social Worker (date) 11/13/23

### 1. Description of Presenting Problem (Medical Necessity):

#### a. Presenting problem (Reason for Referral):

Adriana is a 6-year-old, Honduran female, who was initially placed at CEGU Orangewood after border patrol agents found her and her 12-year-old cousin frightened, hungry and alone. Adriana was evaluated by CAST and placed at Orangewood. She was then referred to CEGU for evaluation and treatment. The records indicated that due to risk of endangerment to the children and a reported sexual abuse to Adriana at the encampment, Adriana and her elder cousin were sent by their parents to cross a bridge at the U.S. border as unaccompanied minors with other strangers, while their parents waited in Mexico at the camp for an appointment to enter into the U.S. After stabilizing at CEGU, she was placed in foster care; however, her running away behaviors from foster parents as well as her lack of adjustment to new placement including uncontrollable excessive crying spells, fears, anxiety, bed-wetting (nocturnal), defecation and smearing of feces on the wall as well as her constant demands for adult attention has caused several foster placements to request that she be removed from their homes. Adriana was then placed in this STRTP home 3 days ago, after several foster placement failures. She is a victim of trauma and sexual abuse as reported by the social worker, which results in trauma abreactions, isolation, refusal to participate in daily activities and difficulties trusting staff and peers.

☐ see addendum

#### b. Duration of the problem (precipitating events, when did it start?):

Per CEGU evaluation at 5 years old, Adriana reported to the social worker: "I'm mad, and I hate everyone here. You are a bad person! My mommy made me go away with cousin, and I'm not going to see my mommy again. You need to find my mama." Social worker reports that client and her cousin were sent with a group of children by their parents to cross the U.S. border for safety and a better life. The evaluation indicated that Adriana's uncle and Adriana's mother wanted to Honduras and go to the U.S. because Adriana's father was killed in a drive-by shooting, and mother was afraid that the gangs would harm them if they stayed in their homeland. Upon facing horrible living conditions at the encampment with little food, water, and reported sexual abuse by stranger of Adriana, mother and uncle implored immigration agents to put a rush on their appointment hearing to enter the U.S. to no avail. As the family experienced dangerous weather, witnessed deaths of individuals drowning trying to cross the river, and the family being subjected to substandard living conditions (living in tents for months), Adriana's mother and uncle felt desperate to protect the children and sent them as unaccompanied minors with other children and strangers across the bridge, seeking a better and safer life in the U.S. Adriana took at least 8 months to stabilize at CEGU and did not do well in foster placement. Her social worker placed her in this STRTP 3 days ago, with the hope that increased staffing of an STRTP program will be able to manage behavioral and emotional needs.

☐ see addendum

#### c. Major symptoms (from DSM/ICD):

Adriana struggles with adjustment to new placement and participating in daily activities and hygiene. Each transition to new placement usually leads to struggle in following new rules and being cooperative to take care of herself even with

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See: Cal W &amp; I Code, Section 5328

structure and prompting. She is isolated and does not participate with the rest of her peers. She has excessive crying spells, exhibits fears and anxiety, bed-wetting and soiling has increased, and often goes through periods of refusing to eat. She exhibits self-injurious behaviors, such as scratching on her arms or thighs and complains of many stomach aches. Her sleep is restless, and she complains of nightmares. In her last placement, she had significant bed-wetting, defecation and smearing of feces in her room. When called to her treatment session, school classroom or recreational activity, she is aggressive toward peers and staff. She reports being very sad and continues to believe that she was "a bad girl, so her mommy sent her away." However, she appears resigned to the reality that she is not going to see her mommy, so she doesn't ask for her as much. Rather, she is more isolative and depressed.

☐ see addendum

d. Areas of impairment: ☒ Living situation | ☒ Daily activities | ☒ Social network | ☒ School/Vocational | ☐ Mental Illness Management  
☐ Physical Health care | ☐ Finances Mgmt | ☐ Other \_\_\_\_\_.

e. From the symptoms on item "c", what is/are the resulting impairment/s

Adriana is falling behind many areas of her development as a result of her trauma, grief and refusal to engage in daily activities that promote education, social development and self-care. Her symptoms put her at risk for further loss of placements if not addressed and remediated in this structured setting.

☐ see addendum

## 2. Relevant Mental Health History: (\* Explain Yes responses including dates) | ☐ See Caregiver Questionnaire

Previous mental health treatment?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> Unk	History of psychological testing?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk
History of psychiatric	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Previous psychotropic meds?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk
History of suicide attempts?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Current psychotropic meds?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk
History of assaultive behavior?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Other:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk

\*

☐ see addendum

## 3. Relevant Family History: (including child's **strengths** and **challenges**) | ☐ See Caregiver Questionnaire

Adriana is the only child of Xochitl and Hector Luz. Adriana was born in a small town in Honduras, Central America where the family resided during her first 5 years. According to SSA records, Hector died over a year ago following a drive by shooting by local gang members, who wanted Hector to sell drugs in their town. The shooting occurred outside of the home when father exited the residence. Adriana and her mother were inside when the shooting occurred. Mother ran outside and saw her spouse on the ground wounded. Adriana was indoors and ran outdoors to her mother as she heard her screaming. Mother attempted to shield Adriana from seeing her father; however, Adriana realized as neighbors arrived to check on the family that her father was injured. He was taken to receive emergency treatment, but he passed away. Following father's passing, mother received threats directed toward her and Adriana if they reported the shooters. Mother was also informed that due to father's death, mother would need to sell drugs. Mother reported that she and her brother decided that they wanted to leave her hometown in Honduras with their two daughter, Adriana and Leti to go to the U.S. Mother, uncle and the children traveled to the border. They experienced threats of violence, food and shelter insecurities while traveling to reach the U.S. border from Central America. **Strengths:** Adriana's longest placement was in CEGU for 8 months where she was able to stabilize enough to be placed in foster care. Unfortunately, the foster family was unable to meet her needs, with other foster children in the home. After 2 other failed placements with foster parents as the only child, SSA decided to place her in an STRTP program, since she needed more structure and staff care.

☐ see addendum

## 4. Developmental/Childhood History: (prenatal, perinatal, milestones, motor/language/cognitive/self-help skills)

☐ Within normal limits | ☐ \*Significant events/delays | ☐ See Caregiver Questionnaire | ☒ Info not available

\* Little is known about Adriana's early development with the exception of SSA's report on the trauma and abuse suffered during her immigration to the U.S. as an unaccompanied minor.

☐ see addendum

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**5. Academic and School History:** (special ed, peer relations, criminal history, legal status, probation/parole, conservator)

Adriana missed most of her kindergarten year as she was immigrating to the U.S. and was in an encampment at the border for 6 months. Although CEGU provided school in starting January 2023, for 8 months, she did not attend enough to be promoted to 1<sup>st</sup> grade. Her retaking her kindergarten year is off to a rough start as she has transferred to 2 schools based on her failed foster placements. She will also be transferring again during her stay at the STRTP program.

☐ see addendum**6. Social History:** (including child's **strengths** and **challenges**)

Socially, Adriana tends to isolate herself from others. During her stay at her first foster care, she monopolized her foster parents time with her neediness and separation anxiety at the expense of any interactions with peers. Her constant demands led to foster parents inability to care for her and the other foster kids. Her only social interaction was with her 12 year old cousin, whom was placed in foster care after her 2 months stay at CEGU. **Strengths:** Adriana is able to communicate when she is calm, and her mood and her body is regulated. She seems to like animals.

☐ see addendum**7. Work History:** (if applicable) ☒ N/A☐ see addendum**8. Relevant Cultural Background:** (ethnicity, gender identity, religion, sexual orientation, disability, etc.)

Adriana is a 6-year-old Honduran female. She was separated from her surviving parent due to immigrating to the U.S. as an unaccompanied minor with one family member who is her 12 or 13 year old cousin, who is currently in another foster placement. She does not report any religion or any conflict with gender/sexual orientation. At this time, this provider is unable to determine any disabilities.

☐ see addendum**9. Substance Use** (alcohol, tobacco, caffeine, illicit, prescribed, over-the-counter, *duration/frequency/amount of use*) ☐ None

Adriana has no history of substance use. History of family substance was unable to be determined.

☐ see addendum**10. Relevant Medical History:** (\* Explain Yes responses) ☐ See Caregiver Questionnaire ☐ See Nursing Assessment (CEGU)

Allergies/Asthma	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Vision/Hearing Impairment?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk
Allergic to any medications?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> Unk	Head injury?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk
Seizures/Convulsions	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Loss of consciousness?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk
Current serious medical	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Frequent or severe headaches?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk
Any serious injuries/accidents?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Immunizations up to date?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> Unk
Any operations?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Other:	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk

MD Name/Group: M.De Phone: 714 555-5678 Date of last exam: 7/25/23Dentist Name: Phil Eng Phone: 714 515-5256 Date of last exam: 8/2/23

**\*(List All Current Medications – prescribed/non-prescribed and include dates of initial prescription and current dosage):**

None - current

☐ see addendum**11. Desired Result of Mental Health Services:** (in client's own words, "I want . . .")

"I want someone to find my mama, so I can live with her."

☐ see addendum**12. Criteria for Admission** (per **California Welfare and Institutions Code Section 11462.01(b)**): (Please check all that apply)

- ☒ (1) The Child does not require inpatient care in a licensed health facility
- ☒ (2) The child has been assessed as requiring the level of services provided in a short-term residential therapeutic program in order to maintain the safety and well-being of the child or others due to behaviors, including those resulting from traumas, that render the child or those around the child unsafe or at risk of harm, or that prevent the effective delivery of needed services and supports provided in the child's own home or in other family settings, such as with a relative, guardian, foster family, resource family, or adoptive family.
- ☒ (3) The child meets at least one of the following conditions: (**Please circled which letter applies**)
- (A) The child has been assessed, pursuant to Section 4096 of the Welfare and Institution Code, as meeting the medical necessity criteria for Medi-Cal specialty mental health services, as provided for in Section 1830.205 or 1830.210 of Title 9 of the California Code of Regulations.
- (B) The child has been assessed, pursuant to Section 4096 of the Welfare and Institutions Code, as seriously emotionally disturbed, as defined in subdivision (a) of Section 5600.3 of the Welfare and Institutions Code
- (C) The child requires emergency placement pursuant to paragraph (3) of subdivision (h)

(D) The child has been assessed, pursuant to Section 4096 of the Welfare and Institutions Code, as requiring the level of services provided by the short-term residential therapeutic program in order to meet his or her behavioral or therapeutic needs.

☐ see addendum

**13. Clinical Summary:** (dynamic formulation, need for treatment, importance of family involvement )

Adriana appears to be suffering from F43.11 Post Traumatic Stress Disorder - Acute; F32.9 Major Depressive Disorder, single episode, unspecified; F93.0 Separation Anxiety Disorder; F98.0 Enuresis (nocturnal) and T74.22XA Child Sexual Abuse - confirmed. She experienced sexual molestation about 1 ½ years ago, by an adult stranger while living in tent encampment near the border with her mother and uncle. She has experienced multiple losses and trauma including the tragic death of father. Mother and Adriana left home bound for the U.S. border with her uncle and his 13 year-old daughter in an effort to re-locate to the U.S. for safety and improved quality of life. Unfortunately, they experienced much stress during their travel and journey to the U.S.

Adriana appears to exhibit depression manifested in uncontrollable crying spells, sadness, grief due to loss of parents, fear of separation from adults, increased dependency/clinginess, nocturnal bed-wetting, aggression and fighting with peers and adults. Adriana also suffers from unresolved multiple traumas that culminated when she and her cousin were forced to leave her mother and uncle and cross over to the U.S. She has not been able to make an adjustment to her placement in Orangewood and is not stable yet to be transitioned to foster care. She is very tense, overwhelmed and is acting out aggressively toward peers and staff.

Due to multiple traumatic experiences, Adriana meets both the access criteria and medical necessity for specialty mental health services. Her symptoms and behaviors, if left untreated, put her at risk for not being able to be placed in foster care/adoption and requiring a higher level of care. She is also at risk for not developing normally in education and peer relationships as a result of her traumas and emotional difficulties. Adriana has qualified for PWB and for ICC/IHBS services as she has been in the child welfare system for over 18 months.

Adriana is likely to benefit from her placement in STRTP with the goal of transitioning her back to foster care with her cousin. She will benefit from ongoing individual therapy to assist her with processing, focusing and healing from multiple traumas, including the loss of parents (via death and abandonment), alleged child abuse (via molestation by stranger) and anxiety/trauma abreaactions associated with separation from parents and relatives (including separation from her 13 year-old cousin, who accompanied her across the border). Adriana experienced exposure to danger during her travel, including poor hygiene, lack of food/water and poor shelter. Minor, who is speaks some English now, has lost 3 foster placements due to inability to meet her emotional needs. She requires much reassurance and helping her regulate her body which often results in trauma abreaactions. She would benefit from a trauma informed therapist with cultural sensitivity, who can work with Adriana on improving her ability to cope with multiple losses, and decreasing aggressive behaviors towards adults and peers. She would benefit from ICC services to coordinate care and help transition her to her future placement in foster care system and insure that her mental health needs continue through transitions. She would also benefit from connecting with a medical doctor who would treat her stomach problems and assess the medical components of her pain. Coordination of care with educational system will also be important in addressing how the mental health issues impacts her education and assess whether or not special education is needed. IHBS would benefit helping Adriana practice and utilize her coping skills.

Name: Adriana Luz  
DOB: 12/23/2016  
MRN#: 1000-56-xxxx

#### 14. Mental Status Examination

##### **AREAS OF IMMEDIATE CONCERN**

☐ None

*If any box is checked, details must be included in the Clinical Summary section*

☐ Suicidal Thoughts ☐ Suicidal Plans ☐ Homicidal/Assaultive Thoughts ☐ Homicidal Plans ☐ Psychosis

(\*NORMAL = Normal for Culture / Age)

##### **GENERAL APPEARANCE**

Personal Hygiene: ☐ \*Normal ☐ Neat ☒ Poor ☐ Other \_\_\_\_\_

Manner of Dress: ☐ \*Normal ☐ Inappropriate ☐ Seductive ☐ Other \_\_\_\_\_

Age: ☐ Stated age ☐ Older than stated age ☒ Younger than stated age

##### **MOOD / AFFECT / BEHAVIOR**

Mood: ☐ Euthymic ☐ Anxious ☐ Depressed ☐ Manic ☒ Irritable ☐ Other \_\_\_\_\_

Affect: ☐ \*Normal range ☒ Angry ☐ Flat ☐ Inappropriate ☒ Labile  
☐ Restricted/Constricted ☐ Sad ☐ Other \_\_\_\_\_

Behavior: ☐ Pleasant/Cooperative ☐ Apathetic ☒ Demanding ☐ Dependent ☐ Dramatic ☐ Eager to Please  
☐ Evasive ☒ Hostile ☒ Impulsive ☐ Manipulative ☒ Oppositional ☐ Seductive ☐ Poor eye contact  
☐ Passive ☐ Silly ☐ Other \_\_\_\_\_

##### **MOTOR ACTIVITY**

Psychomotor: ☐ \*Normal ☒ Agitated ☐ Hyperactive ☐ Retarded/Slow ☐ Other \_\_\_\_\_

Movements: ☒ \*Normal ☐ Other \_\_\_\_\_

##### **SENSORIUM**

Impairment in Orientation: ☐ None ☐ Date ☐ Place ☐ Person ☒ Situation/Environment \_\_\_\_\_

Impairment in Memory: ☒ None ☐ Immediate ☐ Recent ☐ Remote ☐ Other

##### **THOUGHT CONTENT AND PERCEPTIONS**

Themes /Preoccupations: ☐ None ☐ Depressive ☐ Magical Thinking ☐ Phobias ☐ Sexual  
☐ Obsessions/Compulsions ☐ Somatic ☒ Other Wish to be reunited with her mom

Delusions: ☐ None ☐ Being Controlled ☐ Ideas of Reference ☐ Erotomanic ☐ Jealousy  
☐ Grandeur ☒ Persecutory ☐ Religiosity ☐ Somatic ☒ Other bad girl cause  
abandonment

Hallucinations: ☒ None ☐ Auditory ☐ Visual ☐ Somatic ☐ Tactile ☐ Olfactory ☐ Gustatory

##### **THOUGHT PROCESS**

☐ \*Normal ☐ Blocking ☐ Circumstantial ☐ Disorganized ☐ Rambling ☐ Flight of Ideas/Racing  
☐ Loose Associations ☐ Tangential ☐ Perseveration ☒ Concrete ☐ Other \_\_\_\_\_

##### **INTELLECTUAL FUNCTIONING**

☐ Average ☐ Above Average ☐ Below Average ☐ Poor General Fund of Knowledge ☐ Other unable to assess

##### **INSIGHT**

☐ \*Normal ☒ Poor ☐ Limited ☐ Other \_\_\_\_\_

##### **JUDGMENT**

☐ \*Normal ☒ Poor ☐ Other \_\_\_\_\_

##### **SPEECH**

☐ \*Normal ☐ Inaudible ☐ Mute ☐ Poverty of ☐ Pressured ☒ Rapid ☐ Monotone  
☐ Slowed ☐ Stuttering ☐ Other \_\_\_\_\_

**Additional Comments/Observations/Clarifications:**

Name: Luz, Adriana  
DOB: 12/23/2016  
MRN#: 1000-56-xxxx

## MASTER TREATMENT PLAN

### 15. ICD 10 Diagnosis (code # and narrative)

<b>INITIAL</b> (Pri.) <u>F43.11</u> <u>PTSD - Acute</u> (Sec.) <u>F32.9</u> <u>Major Depressive Disorder, single episode</u> (Tert.) <u>F93.0</u> <u>Separation Anxiety Disorder</u> <u>F98.0</u> <u>Enuresis</u> <u>T74.22XA</u> <u>Child sexual abuse - confirmed</u> Gen. Med. Cond.: <u>impacted bowel due to F98.1 Encopresis</u>  <input type="checkbox"/> See addendum	<b>90 Day Review:</b> (See Update Progress Note date _____) <input type="checkbox"/> Dx unchanged   <input type="checkbox"/> Dx changed  (Pri.) _____ (Sec.) _____ (Tert.) _____ _____ _____ Gen. Med. Cond.: _____
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### 16. Referrals/Coordination with Other Services

<b>INITIAL</b> <b>Referrals (within CYBH):</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Medication Support <input type="checkbox"/> TBS <input checked="" type="checkbox"/> Psych Testing <input type="checkbox"/> Project Together <input type="checkbox"/> Other _____  <b>Referrals (outside of CYBH):</b> <input type="checkbox"/> None <input type="checkbox"/> SUD <input type="checkbox"/> Vocational <input type="checkbox"/> Other _____	<b>90 Day Review</b> <input type="checkbox"/> No changes <b>Referrals (within CYBH):</b> <input type="checkbox"/> None <input type="checkbox"/> Medication Support <input type="checkbox"/> TBS <input type="checkbox"/> Psych Testing <input type="checkbox"/> Project Together <input type="checkbox"/> Other _____  <b>Referrals (outside of CYBH):</b> <input type="checkbox"/> None <input type="checkbox"/> SUD <input type="checkbox"/> Vocational <input type="checkbox"/> Other _____
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### 17. Treatment Recommendations

Services provided in: **Client:** ☐ English ☐ Spanish ☐ Vietnamese ☐ Other \_\_\_\_\_ **Parent/Guardian:** ☐ English ☐ Spanish ☐ Vietnamese ☐ Other \_\_\_\_\_

TYPE OF SERVICE PROVIDED	FROM	TO (Anticip. LOS)	PROVIDER/AGENCY	CONTACT PERSON
<input checked="" type="checkbox"/> Mental Health Services	11/13/23	11/13/23	STRTP	Lone Caba Ito
<input checked="" type="checkbox"/> Medication Support Services	11/13/23	11/13/23	STRTP	Dr. Strange
<input checked="" type="checkbox"/> Case Management/ICC	11/13/23	11/13/23	STRTP	Lone Caba Ito
<input checked="" type="checkbox"/> Rehab/IHBS	11/13/23	11/13/23	STRTP	Cop Eng Skeel
<input type="checkbox"/> TBS				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Mark Lam, Psy.D. Head of Service/NPI#108xxxxxxx      11/13/2023      \_\_\_\_\_  
Provider Signature/Title/NPI#      Date      Provider Signature/Title      Date

Initial Review : <u>Mark Lam, Psy.D.</u> NPI#108xxxxxxx      Date: <u>11/23/2023</u> Head of Service/LPHA  *See Progress Note: Dated <u>11/13/2023</u>	90 Day Review: _____ Date: _____ Head of Service/LPHA  *See Progress Note: Dated _____
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SERVICE/CARE PLAN (S/CP)  
STRTP  
405 W. Fifth Street, Santa Ana, CA 92701

Name: Luz, Adriana

DOB: 12/23/16

MRN#: 1000-56-xxxx

- Problems are related to the diagnosis.
- Goals and objectives are observable, time-framed and related to the presenting problem(s).
- Baselines must be present.
- Include transitional goal(s).

**S/CP Page 1 of 3**

●PLEASE CHECK ONE: ☒ INITIAL (within 10 days) ☐ 30-Day ☐ 60-Day ☐ 90-Day ☐ 120-Day ☐ 150-Day See PNOTE: Dated \_\_\_\_\_

<b>SYMPTOMS/BEHAVIORS AND THE RESULTING IMPAIRMENT/S:</b>	Excessive crying, fears, anxiety, running away behaviors, excessive demands for attention places her at risk for inability to place her in lesser restrictive environment.		
	Decrease crying, fears, anxiety, running away behaviors and increase coping skills to prepare for 6 month transition to lower level of care, preferably with previous foster placement with cousin.		
<b>TREATMENT GOAL:</b>			
<b>Obj. # 1a-d</b>	<b>Reference Obj. #, Modality &amp; Intervention</b>	<b>Frequency</b>	<b>Amount</b>
<b>DURATION &amp; SHORT-TERM OBJECTIVE (MILESTONE) with BASELINE:</b> 1a By 1 months, client will learn and practice 3 relaxation techniques to cope with fear reactions in her body. Currently, client has no coping skills 1b By 2 months, client will work on communicating with words in a relaxed body. Client has not expressed trauma verbally yet. 1c By 3 months, client will not runaway from staff members or peers to avoid unwanted activities. 1d By 6 months, client will utilize self regulation skills rather than running away, screaming, and avoiding daily living tasks. Client currently uses self-regulation skills 0 times per week.	Individual therapy using EMDR, bilateral movement and relaxation techniques to work toward self regulation; psychoeducation on trauma abreaactions, putting words to trauma and grief and loss of both parents (Obj. 1a-d)	2x/week	Minimum 45 min.
	Medication evaluation to stabilize client's mood dysregulation, fears and anxiety (Obj. 1a-d)	2x/month	Minimum 15 min.
	ICC to coordinate care with SSA, and future foster caregivers to insure that client is receiving needed mental health treatment and that other needs are addressed per SSA needs assessment. (Obj. 1a-d)	1x/week	Minimum 45 min.
	IHBS services to address client's reactions in the STRTP home and assist client in how to utilize the relaxation technique when afraid or anxious (Obj. 1a-d)	3x/week	Minimum 60 min.
<b>30 Day Review: Obj. # _____</b> <input type="checkbox"/> Met; <b>Obj. # _____</b> <input type="checkbox"/> Not met; <b>Obj. # _____</b> <input type="checkbox"/> In Progress <b>See PNOTE: Dated _____</b>			
<b>60 Day Review: Obj. # _____</b> <input type="checkbox"/> Met; <b>Obj. # _____</b> <input type="checkbox"/> Not met; <b>Obj. # _____</b> <input type="checkbox"/> In Progress <b>See PNOTE: Dated _____</b>			
<b>90 Day Review: Obj. # _____</b> <input type="checkbox"/> Met; <b>Obj. # _____</b> <input type="checkbox"/> Not met; <b>Obj. # _____</b> <input type="checkbox"/> In Progress <b>See PNOTE: Dated _____</b>			
<b>120 Day Review: Obj. # _____</b> <input type="checkbox"/> Met; <b>Obj. # _____</b> <input type="checkbox"/> Not met; <b>Obj. # _____</b> <input type="checkbox"/> In Progress <b>See PNOTE: Dated _____</b>			
<b>150 Day Review: Obj. # _____</b> <input type="checkbox"/> Met; <b>Obj. # _____</b> <input type="checkbox"/> Not met; <b>Obj. # _____</b> <input type="checkbox"/> In Progress <b>See PNOTE: Dated _____</b>			

<input checked="" type="checkbox"/> Beneficiary/legal guardian participated in the development of the care plan		Prefer a language other than English <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. This form was translated into: Enter Language _____	
<input checked="" type="checkbox"/> Copy of plan offered to the consumer/legal guardian		by Enter name of translator _____	
<input checked="" type="checkbox"/> Copy of plan given to consumer/legal guardian _____ (consumer/legal guardian's initials)			
*Client Signature <u>Adriana Luz</u>		*Legal Guardian _____	
Date <u>11/13/2023</u>		Date _____	

<u>Lore Cuba Ito, LMFT, NPI#109xxxxxxx</u>		<u>Mark Lam, Psy.D. NPI#108xxxxxxx</u>	
Provider Signature/Title		Licensed Supervisor Signature/Title (if applicable)	
Date <u>11/13/2023</u>		Date <u>11/13/2023</u>	

New Provider Signature/Title _____		MD Signature/Title (applicable for MEDICARE CASES ONLY) _____	
Date _____		Date _____	

\*Signature indicates client has agreed to the above CP and to participate in the treatment process.  
\*\* If signature is not obtained or if verbal approval is given, see progress note dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

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See: Cal W & I Code, Section 5328

SERVICE/CARE PLAN (S/CP)  
STRTP  
405 W. Fifth Street, Santa Ana, CA 92701

Name: Luz, Adriana

DOB: 12/23/16

MIS #: 1000-56-xxxx

- Problems are related to the diagnosis.
- Goals and objectives are observable, time-framed and related to the presenting problem.
- Baselines must be present.
- Include transitional goal(s).

**S/CP Page 2 of 3**

● PLEASE CHECK ONE: ☒ INITIAL (within 10 days) ☐ 30-Day ☐ 60-Day ☐ 90-Day ☐ 120-Day ☐ 150-Day See PNOTE: Dated \_\_\_\_\_

<b>SYMPTOMS/BEHAVIORS AND THE RESULTING IMPAIRMENT/S:</b>  <b>TREATMENT GOAL:</b>	Enuresis (nocturnal), Encopresis and smearing feces on wall puts her placement in lesser restrictive settings in jeopardy  Decrease Enuresis, Encopresis and smearing of feces		
<b>Obj. # 2a-c</b>  <b>DURATION &amp; SHORT-TERM OBJECTIVE (MILESTONE) with BASELINE:</b> 2a By 1 months, Adriana will begin using restroom at specific intervals of time. Presently, she does not go regularly resulting in accidents and does not clean herself.  2b By 3 months, Adriana will be using the restroom regularly and will be cleaning up herself after accidents including putting soiled clothing in proper place for washing.  2c By 6 months, Adriana will using the restroom regularly with 0 accidents. Baseline is currently 1-2 accidents per day.	<b>Reference Obj. #, Modality &amp; Intervention</b>  Individual therapy will set up behavioral program to utilize regular use of the bathroom with rewards and tracking and positive reinforcement for compliance; (Obj. 2a-c)  IHBS to teach client and STRTP staff in being consistent with behavior chart; IHBS will teach client skills to clean up after herself in case of accidents. (Obj. 2a-c)  Case Management/ICC to coordinate care with SSA to rule out any stomach problems or impact bowel as a result of encopresis; and educate future foster parents in being consistent with behavior chart and managing accidents and cleaning after herself to insure problem remains extinguished during transition (Obj. 2a-c)  Family Rehab/IHBS services to teach foster mother how to assist client have a more successful routine in the morning and evenings to improve her school attendance. (Obj. 2a-c)  IHBS provider to insure client takes oral laxative for next 2-4 days to help with impacted bowel due to client's history of encopresis. Provider will observe patient taking medication and follow up with taking client to regular restroom visits	<b>Frequency</b>  2x/week  3x/week  1x/week  1x/week  Daily for 1 week	<b>Amount</b>  Minimum 45 min.  Minimum 60 min.  Minimum 45 min.  Minimum 45 min.  Minimum 30 min
<b>30 Day Review: Obj. # _____</b> <input type="checkbox"/> Met; <b>Obj. # _____</b> <input type="checkbox"/> Not met; <b>Obj. # _____</b> <input type="checkbox"/> In Progress <b>See PNOTE: Dated _____</b> <b>60 Day Review: Obj. # _____</b> <input type="checkbox"/> Met; <b>Obj. # _____</b> <input type="checkbox"/> Not met; <b>Obj. # _____</b> <input type="checkbox"/> In Progress <b>See PNOTE: Dated _____</b> <b>90 Day Review: Obj. # _____</b> <input type="checkbox"/> Met; <b>Obj. # _____</b> <input type="checkbox"/> Not met; <b>Obj. # _____</b> <input type="checkbox"/> In Progress <b>See PNOTE: Dated _____</b> <b>120 Day Review: Obj. # _____</b> <input type="checkbox"/> Met; <b>Obj. # _____</b> <input type="checkbox"/> Not met; <b>Obj. # _____</b> <input type="checkbox"/> In Progress <b>See PNOTE: Dated _____</b> <b>150 Day Review: Obj. # _____</b> <input type="checkbox"/> Met; <b>Obj. # _____</b> <input type="checkbox"/> Not met; <b>Obj. # _____</b> <input type="checkbox"/> In Progress <b>See PNOTE: Dated _____</b>			



CONFIDENTIAL PATIENT INFORMATION  
See: Cal W & I Code, Section 5328

SERVICE/CARE PLAN (S/CP)  
STRTP  
405 W. Fifth Street, Santa Ana, CA 92701

Name: Luz, Adriana

DOB: 12/23/16

MIS #: 1000-56-xxxx

- Problems are related to the diagnosis.
- Goals and objectives are observable, time-framed and related to the presenting problem.
- Baselines must be present.
- Include transitional goal(s).

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● PLEASE CHECK ONE: ☒ INITIAL (within 10 days) ☐ 30-Day ☐ 60-Day ☐ 90-Day ☐ 120-Day ☐ 150-Day See PNOTE: Dated \_\_\_\_\_

<b>SYMPTOMS/BEHAVIORS AND THE RESULTING IMPAIRMENT/S:</b>	Refusal to attend or avoids schedule daily activities (i.e., avoiding school, not washing/bathing before bed, not brushing teeth, poor hygiene) resulting in falling further behind and risk of retention in school, malodorous and risk of peer rejection and isolation.		
<b>TREATMENT GOAL:</b>	Adriana will participate in regularly scheduled activities (school, meals, clean-up, recreation time)		
<b>Obj. #</b> <b>DURATION &amp; SHORT-TERM OBJECTIVE (MILESTONE) with BASELINE:</b> 3a By 1 month, Adriana will understand real vs perceived dangers from past memories. Presently, she has no understanding of real vs perceived danger and no awareness of how her body is reacting to the stress..  3b By 3 months, Adriana will utilize coping skills to help her regulate her body when stressed and attend her regularly scheduled activities 4 out of 5 days. Presently, she is unable to self-regulate her body when triggered.  3c By 6 months, Adriana will be using her coping skills regularly and will be attending regularly scheduled activities including school 5 out of 5 days. Currently, she is able to make some activities 1 out of 5 days.	<b>Reference Obj. #, Modality &amp; Intervention</b>  Individual therapy will help client differentiate real dangers from perceived dangers and teach her how to regulate her body through bilateral movement, tapping and EMDR (Obj. 3a-c)  IHBS will practice the coping skills of bilateral movement and tapping to help client initial self-regulation when she is scared (Obj. 3a-c)  ICC will coordinate care with all staff to encourage her to use her coping skills. (Obj. 3a-c)	<b>Frequency</b>  2x/wk  3x/wk  1x/wk	<b>Amount</b>  Minimum 45 min.  Minimum 60 min.  Minimum 45 min.
<b>30 Day Review: Obj. #</b> _____	<input type="checkbox"/> Met; <b>Obj. #</b> _____	<input type="checkbox"/> Not met; <b>Obj. #</b> _____	<input type="checkbox"/> In Progress See PNOTE: Dated _____
<b>60 Day Review: Obj. #</b> _____	<input type="checkbox"/> Met; <b>Obj. #</b> _____	<input type="checkbox"/> Not met; <b>Obj. #</b> _____	<input type="checkbox"/> In Progress See PNOTE: Dated _____
<b>90 Day Review: Obj. #</b> _____	<input type="checkbox"/> Met; <b>Obj. #</b> _____	<input type="checkbox"/> Not met; <b>Obj. #</b> _____	<input type="checkbox"/> In Progress See PNOTE: Dated _____
<b>120 Day Review: Obj. #</b> _____	<input type="checkbox"/> Met; <b>Obj. #</b> _____	<input type="checkbox"/> Not met; <b>Obj. #</b> _____	<input type="checkbox"/> In Progress See PNOTE: Dated _____
<b>150 Day Review: Obj. #</b> _____	<input type="checkbox"/> Met; <b>Obj. #</b> _____	<input type="checkbox"/> Not met; <b>Obj. #</b> _____	<input type="checkbox"/> In Progress See PNOTE: Dated _____



STRTP  
405 W. Fifth Street, Santa Ana, CA 92701

Name: Adriana Luz  
DOB: 12/23/2016  
MRN#: 1000-56-xxxx

**Addendum:**

\_\_\_\_\_  
**Provider Signature/Title**

*Mark Lun, Psy.D.* Head of Service/NPI#108xxxxxxx

\_\_\_\_\_  
**Head of Service/LPHA (if applicable)**

\_\_\_\_\_  
**Date**

11/13/23

\_\_\_\_\_  
**Date**